

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046877

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

6649

FILED JAN 14 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in lb

4 days

c. FULL NAME OF (If NOT in hospital, give location)

NORTHEAST HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

INDEPENDENCE, Mo.

d. STREET ADDRESS

420 So. RIVER

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

GUS

Middle

ESCHENBACH

Last

DATE OF DEATH

Month

Day

Year

DECEMBER 27 - 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-4-1888

9. AGE (last birthday)

74 YEARS

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TRACK WORKER

10b. KIND OF BUSINESS OR INDUSTRY

K.C. PUBLIC SERVICE

11. BIRTHPLACE (City and state or country)

STREATOR ILLINOIS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

FRED ESCHENBACH

13b. MOTHER'S MAIDEN NAME

SOPHIA KUGLER

14. NAME OF HUSBAND OR WIFE

HAZEL ESCHENBACH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

HAZEL ESCHENBACH, INDEP. Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Sepsis and Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Purulent Peritonitis

3 days

DUE TO (c)

Adenocarcinoma of Duodinal Gastrum.

2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from November 15, 1962, to December 27, 1962, and last saw her alive on Dec. 27, 1962

Death occurred at Dec. 27, 1962 5:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

4219 Blue Ridge Blvd., K.C. Mo.

22c. DATE SIGNED

12-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

12-29-62

23c. NAME OF CEMETERY OR CREMATORY

FAIR HAVEN

23d. LOCATION (City, town, or county)

NORBORNE

(State)

MO.

24. FUNERAL DIRECTOR

MUEHLEBACH

ADDRESS

6800 TROOST

25. DATE RECD. BY LOCAL REG.

12-28-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Sherrill H. Frye MEDICAL CERTIFICATION

Mr. S.H. Frye D.O.

11:00 # 1:00 4219 Blue Ridge

10⁰⁰401⁰⁰

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert J. Landers

Licensed Embalmer No.

5103

P. O. Address

H. E. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.